

## Wayne County Mothers of Multiples Scholarship Application

Please print or type legibly. If applications are illegible, they will be returned to you.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current High School: \_\_\_\_\_

I will be attending the following post secondary institute in the Fall of 2014: \_\_\_\_\_

\_\_\_\_\_  
(proof of acceptance is required prior to receipt of funds)

Grade Point Average (GPA): \_\_\_\_\_ (official transcript is required)

What specialty/major do you plan to major in as you continue your education? \_\_\_\_\_

\_\_\_\_\_  
What are your educational and professional goals? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your academic honors, awards and membership activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your community service experiences, outside interests and extra-curricular activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following items must be included with this application in order for the application to qualify for review by the scholarship committee:

1. Official proof of post secondary acceptance.
2. Most recent official high school transcript.
3. Personal Essay. "Has being a multiple impacted your life and your goals for the future?"
4. Signed letter certifying the applicant is of a multiple birth.

#### **STATEMENT OF ACCURACY**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Mothers of Multiples' scholarship program.

I hereby understand that if chosen as a scholarship winner, according to the scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of Scholarship Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Deadline for this application is April 15, 2015**



### Wayne County Mothers of Multiples Academic Scholarship

I, \_\_\_\_\_ (school administrator or guidance counselor), verify that  
the following applicant, \_\_\_\_\_, is of a multiple birth.

\_\_\_\_\_  
Printed name of School Administrator or Guidance Counselor

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature of School Administrator or Guidance Counselor

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date